

10/535746

JC20 Rec'd PCT/PTO 20 MAY 2008

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	
Filing Date::	
Application Type::	371 National Entry
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	PLATELET BIOMARKERS FOR THE DETECTION OF DISEASE
Attorney Docket Number::	701039-055264
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	33
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	

Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent App.?::	

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Judah
Middle Name::	
Family Name::	Folkman
Name Suffix::	
City of Residence::	Brookline
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	18 Chatham Circle
City of mailing address::	Brookline
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02446-5454

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Giannoula
Middle Name::	
Family Name::	Klement
Name Suffix::	
City of Residence::	Brookline
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	189 Tappan Street
City of mailing address::	Brookline
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02445-5819

CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

Representative Customer Number::	50828
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OR

Representative Designation::	Registration Number::	Representative Name::
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Agent	(37 CFR Sec. 10.9(b))	Leena H. Karttunen
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US2005/014210	04/26/2005
PCT/US2005/014210	An application claiming the benefit under 35 USC 119(e)	60/565,286 60/598,387 60/609,692 60/633,027 60/633,613	04/26/2004 08/02/2004 09/13/2004 12/03/2004 12/06/2004

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

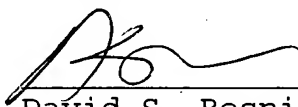
ASSIGNEE INFORMATION

Assignee name::	Children's Medical Center Corporation
Street of mailing address::	55 Shattuck Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02115

Date:

5/20/05

Respectfully submitted,



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